

## **Lack of Basic Health Facilities In Rural Pakistan.**

**By: Soomar Sajidi.**

### **Introduction :**

Unfortunately, Pakistan has been facing crisis since its come to being. Since Pakistan has come to existence three aspects i.e. Education, Health and welfare of rural areas have been neglected for any development so in the result, after more than 70 years people of rural areas are still deprived of mentioned facilities. Health facilities for rural poor in Pakistan in the present state are in total disarray.

### **The Private and Public Health Cleavage In Pakistani Health Sector :**

The private sector does not find it financially viable to set up medical facilities in villages. The Basic Health Units and Rural dispensaries, set up by the provincial and district governments in some villages, mostly have no doctors or ghost doctors(who only receive salaries) and the patients are left to the mercy of dispenses or quacks.

The young doctors do not want to work in these locations because of lack of proper residential and other infrastructure. Buildings of many of these facilities are in a dilapidated state. These state-run institutions do not even have minimum medical equipment like X-ray machines or other equipment prescribed in their own policies. They do not have ambulance facilities to take patients requiring emergency treatment to a hospital. Non-availability of medical advice and medicines to the poor from these institutions has led to a rise in mortality rates as well as an increase in the incidence of diseases.

### **Women Health Issues and Problems facing by Pakistani Society:**

Women in rural Pakistan have lesser access to health care than men, because of the absence of female doctors. Factors like lack of awareness regarding women's health requirements, low literacy ratio, low social status and civil constrain on females are responsible for women's below standard health. Pakistan is a signatory to the United Nations mandate of the MDGs, which are to be attained by 2015.

While there have been successes in some areas, the country has not fared well in health-related goals.

Almost 60 million people in this country do not have access to basic health facilities. Some 67 million are compelled to drink unhygienic water which is resulting in ever mounting waterborne diseases like cholera and diarrhoea.

Sadly, due to lack of health centres, 89 per cent deliveries are conducted by traditional birth attendants at home, who are unable to manage the complications that may arise and due to this many mother and newborn babies have to bear the brunt.

According to reports, the maternal mortality rate in Pakistan — 86 women die for 1,000 births — is the highest in South Asia.This can easily be reduced by establishing basic health centres in rural areas by raising awareness among the people.

### ***The Problems Facing by Pakistan Due to Sanitation Problems :***

Moreover, 90 million people have no basic sanitation. There is one doctor for 1,837 people, one dentist for 46,498 persons, one primary care facility for 14,900 people and one hospital bed for 1,503 persons. This shows a clear picture of our vastly deprived health sector.

Surprisingly, our total expenditure on health is two per cent of the GDP as compared to developed countries' five to 14 per cent. A recent World Bank report alerts that Pakistan is facing a health crisis with rising rates of heart diseases, diabetes, obesity and other non - communicable diseases (NCDs) which are disproportionately affecting poor families and aggravating the poverty situation.

### ***Health and Poverty :***

Moreover, due to major illnesses, people have to pay for most of their care out of their savings or by selling their possessions and then finding themselves caught in a poverty trap where they can't get better and they can't work. Despite setting some major targets our policymakers have not been able to improve health conditions, which are leaving a negative impact on poor families

### **Public Health Policy And Governmental Deficiencies:**

It is time the ministry of health took some bold initiatives in this regard, The healthy policy cannot take place without the support of the political administration. Pakistan has a centralized health system in which all major health decisions and power is under the control of the Federal government. Due to this centralization, the provincial government has only right to implement policy in their own provinces. There is no participation of stakeholder, community and individual groups in the formulation of health policies and health planning.

As a result of this, the communication gap is found between federal, provincial and district levels. Moreover, there is a lack of implementation, duplication of resources and many programs have no outcome. Although the government acknowledges in National Health Policy 2001 that good governance is the basic key to achieve the quality of care but in real practice, the government is not providing opportunities for good governance. As a consequence, imbalance of power structure occurs in unsustainable programs and people do not trust the system.

11 The biggest cause of lack of governance is that people who are involved in policy making are not qualified and even they don't have any qualified and experienced advisory body. Lack of governance is also responsible for the lack of implementation and evaluation of health planning and policies and in the end, many projects are not analyzed and no lessons learnt for future direction.

### **Lack Of Implementation And Peoples Non-Confidence In Public Health Services:**

At the implementation level, health is managed by doctors but they have no authority to take action against any type of corruption. Moreover, the majority of people feel that they feel humiliation at the hands of Executive Director Health Officers (EDHOs) and Nazism because they handle them like their servants<sup>15</sup>. Because of poor governance, the system is not efficient and quality is compromised resulting in a decrease in the trust and confidence of the people to go for public health providers.

### **Poor And Rich Health Disparity :**

In Pakistan, there are huge disparities in the availability of health services between rich and poor. Majority of people (around 30%) people live in absolute poverty. Majority of public health facilities are not providing satisfactory care, therefore, people need to go for private facilities which are very expensive and out of reach for poor people. In addition, as mentioned earlier, the government spent 0.75 per cent of GDP on the health sector in 2005–06 in order to make its population healthier and 76% goes out of pocket for health expenditure in Pakistan.

### **Few Suggestions for The Betterment of Facilities of Basic Health in Rural Pakistan :**

#### **Transportation:**

Remote village areas where roads approximately do not exist should be built so that health facilities transferred rapidly. High qualified doctors and physician who live in urban areas do not prefer to go to remote areas due to lack of transportation so that nonprofessional and so-called doctors play with the lives of poor people of there.

#### **Health Emergency:**

Because there are many diseases are spreading festally due to griled water in rural areas it is important to imposing health emergency that good facilitated hospital should be built, Basic Health Unites should be facilitated with latest modern equipment. Quality medicines and drugs should be provided and low should be imposed against the elements who involved in the supply of expired drugs and medicines.

## **Conclusion :**

Furthermore, because of the shortage of finance in Pakistan, poor people face catastrophic health expenditure and as a result, the poor become poorer. <sup>13</sup> As a result, the poor have no choice but to pay the health cost whether they can afford or not and this also restricts them to in decision making of their own health. In Pakistan, the majority of Tehsil hospitals are in urban areas and people in remote areas mainly depend upon BHU's and RHC's but because of the absence of health care staff and a large number of non-functional primary health care facilities, they have no choice but to go for private doctors.

This increases poor people's cost and makes them poorer as they spend a huge amount of money to just see the private doctor.<sup>3,4,13</sup> Besides the unequal resources between different income groups, there is also another challenge that health infrastructure is not evenly distributed among gender as well as different regions within Pakistan. It is very evident in data that public health facilities among different provinces of Pakistan and that is the reason there is a great difference among health indicators in all four provinces of Pakistan, for example, mortality and morbidity indicators between provinces are different.

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